



AF/2773

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

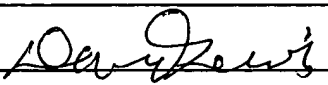
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/160,503	
	Filing Date	September 24, 1998	
	First Named Inventor	Richard D. Cappels, Sr.	
	Group Art Unit	2773	
	Examiner Name	Joseph, T.	
Total Number of Pages in This Submission	87	Attorney Docket Number	P2267/1021

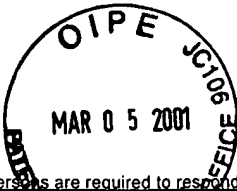
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	(1) Return postcard and
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	(2) Appeal Brief
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	Tally of total number of pages above does not include the check and the return postcard.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Carr & Ferrell, LLP Cust. No. 22830
Signature	 Registration Number 33,101
Date	February 27, 2001

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: February 27, 2001	
Typed or printed name	David Lewis
Signature	 Date February 27, 2001

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PTO/SB/17 (09-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/160,503
Filing Date	September 24, 1998
First Named Inventor	Richard D. Cappels, Sr.
Examiner Name	Thomas Joseph
Group Art Unit	2773
Attorney Docket No.	P2267/1021

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TOTAL AMOUNT OF PAYMENT (\$) 1,030.00

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 06-0600

Deposit Account Name: Carr & Ferrell, LLP

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES								
Large Entity		Small Entity			Fee Description	Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)					
105	130	205	65	Surcharge - late filing fee or oath				
127	50	227	25	Surcharge - late provisional filing fee or cover sheet				
139	130	139	130	Non-English specification				
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination				
112	920*	112	920*	Requesting publication of SIR prior to Examiner action				
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action				
115	110	215	55	Extension for reply within first month			110	
116	390	216	195	Extension for reply within second month				
117	890	217	445	Extension for reply within third month				
118	1,390	218	695	Extension for reply within fourth month				
128	1,890	228	945	Extension for reply within fifth month				
119	310	219	155	Notice of Appeal				
120	310	220	155	Filing a brief in support of an appeal			310	
121	270	221	135	Request for oral hearing				
138	1,510	138	1,510	Petition to institute a public use proceeding				
140	110	240	55	Petition to revive - unavoidable				
141	1,240	241	620	Petition to revive - unintentional				
142	1,240	242	620	Utility issue fee (or reissue)				
143	440	243	220	Design issue fee				
144	600	244	300	Plant issue fee				
122	130	122	130	Petitions to the Commissioner			130	
123	50	123	50	Petitions related to provisional applications				
126	240	126	240	Submission of Information Disclosure Stmt				
581	40	581	40	Recording each patent assignment per property (times number of properties)				
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))				
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))				
179	710	279	355	Request for Continued Examination (RCE)				
169	900	169	900	Request for expedited examination of a design application				
Other fee (specify) _____								
* Reduced by Basic Filing Fee Paid					SUBTOTAL (3)		(\$) 550	

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description		Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
101	710	201	355	Utility filing fee			
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1)						(\$) 0	

2. EXTRA CLAIM FEES

Total Claims: 47 - 47** = 0 x Fee from below = 0

Independent Claims: 10 - 4** = 6 x 80 = 480

Multiple Dependent: _____ x _____ = 0

Large Entity		Small Entity		Fee Description		Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
103	18	203	9	Claims in excess of 20			
102	80	202	40	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	80	209	40	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)						(\$) 480	

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	David Lewis	Registration No. (Attorney/Agent)	33,101	Telephone	(650) 812-3400
Signature	<i>David Lewis</i>	Date	February 27, 2001		

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